

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

06-818 S+C

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date and Delivery

C. Signature

S. JR

 Agent AddresseeD. Is delivery address different from item 1?
If YES, enter delivery address below: Yes No

3. Service Type

 Certified Mail Registered Insured Mail Express Mail Return Receipt for Merchandise C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number (Copy from service label)

7006 0100 0003 2054 7225

102595-00-M-0952

Domestic Return Receipt

PS Form 3811, July 1999